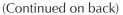
VOLUNTEER APPLICATION (Continued on back)





Last Name	First Na	ame	Middle Initial		
Address		City	State Zip		
Phone #()	Alternate Phone #(_)	Email		
In case of an emergency, contact:_			Their phone #()		
EDUCATION AND SKILLS: ☐ Do you need community servic ☐ Special training, skills or hobbies	· ·	O .			
☐ Do you have any experience wo	orking with animals?				
☐ Bilingual? List languages you sp	eak/read/write:				
How did you hear about our Volun	teer Program?				
List all other previous volunteer exp	<u> </u>				
WODV EVDEDIENICE. List proceed	om provious accumations. I	les consusts chapt if r	2000000W		
WORK EXPERIENCE: List present of Employer Name/Address	Phone Phone	Duties	necessary.		
Employer Name/Address	rnone	Duties			
DATES: From	То	Reason for Leaving:			
Employer Name/Address	Phone	Duties			
DATES: From	То	Reason for Leaving:			
Employer Name/Address	Phone	Duties			
DATES: From	То	Reason for Leaving:			
Have you ever been discharged or	forced to resign from any p	position? \square No \square Yo	es (please explain)		
Have you ever been convicted as a lf yes, provide dates, locations and penalties. 11357(b) or (c), 11364, 11365 and 11550 as a Failure to list all convictions other than those	n adult for any violation o Exclude traffic violations under \$1 related to marijuana. Conviction is excluded above may disqualify you	f the law? No 50 and convictions more the not necessarily a bar to accurrent from further consideration	Yes (please explain) an two years old for violation of Health and Safety Codes ceptance. Each case will be given individual consideration.		
Have you ever had your drivers lice	ense suspended or revoked	d? □No □Yes (plea	se explain)		
OTHER EXPERIENCE OR SPECIAL	INTERESTS: Please check	any area you have ex	perience with or are interested in.		
☐ Exercising dogs	☐ Obedience work wi	, ,	☐ Grooming Animals		
☐ Working with reptiles	☐ Working with rabbit	O .	☐ Working with cats (socializing and play)		
☐ Cleaning kennels/play areas	☐ Working in an office	2	☐ Greeting and working with people		
☐ Coordinating volunteers	☐ Educations programs	s and presentations	☐ Special Events		
☐ Photography	Other				

AVAILABILITY: 1	List times you will	be available each	day to volunteer:				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		,	an be available as a commodated to help				
•	ON: Please attach a ant to become a vo the animals?"	•	ula Vista Animal Ca	re Facility, and how	v can you benefit t	the facility, the	
AGREEMENTS A ADULTS (18 Ye	nd release of li	IABILITY					
authorize them to and procedures problems arise be suggestions or crit problems arise be supervisor has ap the number of homay be terminate a volunteer with the in all respects. If Facility. Should a the City of Chula I am representing acknowledge that of performing volunteer with the control of the contr	o seek emergency me deresented to me duricisms directly to the etween employees corovide information proved divulging surs I volunteer may d at any time at the city of Chula Visurther acknowledging unethical or illeging the City of Chula Vista's media policie the City of Chula Viste the City of Chula Viste the City of Chula Viste read, understand lunteer duties. If I the City of Chula Viste City of Chula Viste read, understand lunteer duties. If I the City of Chula Viste City of Ch	nedical treatment for ing the volunteer to be Volunteer Coordin or other volunteers to (or about) formuch information. 6) vary depending up to discretion of the Vota Animal Care Face and agree to a bagal behavior be disces, and alert my supplies a does not take to the cannot complete to Vista has extended	or me in case of accideration and as updated ator or other supervise and myself, I will report owners, adopters, I agree to make a very old agree to make a very old agree to main accidity, I agree to main accidity agreed, I can be tendervisor immediately an employee) and with a court referred volunt above-mentioned. The project(s) assigned its workers' compensation of the pro	plunteering at the Chudent, injury or illness. and thereafter. 3) I winder assigned by the Andror these to the Volume donors, employees of colunteer commitments am assisting with. 7) or or my supervisor. So tain a high degree of determine my suitabilisminated from volunteer of any media activity and the dome, I will notify that the to me, I will notify the sation coverage to vie volunteering is not the sation to the sation to the sation to the sation coverage to vie volunteering is not the sation to t	2) I agree to abidual take ideas, constrainmal Care Facility. Anteer Coordinator a corvolunteers to any to of at least 6 month I understand my volunteer at the condition of ethical standards a lity to volunteer at the certain and the certain and the colunteer service at any the colunteer set forth by the colunteers and I agree that a great a great a great a great and I agree that a great a great a great a great and I agree that a great a gre	le by the policies ructive comments, 4) If communication as soon as possible yone unless my hs. I understand plunteer assignment being accepted as and be law abiding the Animal Care ime. 9) I will follow that, as a volunteer, he program. 11) I ge and am capable mediately. I ree to accept that	
Adult Volunteer A	pplicant Signature_				Date		
MINORS (Volu	nteers must be at l	east 15 1/2 years o	of age with parent/gue City of Chula Vista	uardian authorization and will adhere to th	n.) he guidelines se for	, ,	
	NT name of parent or legal guardian) consent to allow my m dent (PRINT name of child or dependent) to provide volunt ty of Chula Vista and the Animal Care Facility to fulfill a school or community program volunteer requirement						
I hereby waive, re agents, and the a and hold harmles as a result of any conduct of the Co	elease and discharg ctivity holders for t is the above-mentio of the minor's action ity of Chula Vista on we ready this docum	ge from liability the he injury, property ned entities or per ons during a volun r its agents. I ackn	e City of Chula Vista loss or damage, or o sons from any and a teer activity, except nowledge that the Ci	mmunity program versites and its directors, offeeth of the above-mall liabilities or claims those claims arising at the control of the contro	ficers, employees, rentioned minor. I s made by other ind from the sole negli s not take court re	representatives, agree to indemnify dividuals or entities igent or willful ferred volunteers.	
Parent/Guardian	Signature				Date		